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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/343,001 06/29/1999 ABN and is a CON of 09/342,314 06/29/1999 ABN *
 and said 09/343,001 06/29/1999
 is a DIV of 08/637,323 04/22/1996 PAT 6,340,459
 and said 09/342,314 06/29/1999
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 which is a CIP of 08/566,258 12/01/1995 ABN
 which is a CIP of 08/567,391 12/01/1995 ABN
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/16/2003

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|---------------------------------|--|------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 46 | TOTAL CLAIMS 101 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

1473

TITLE

Therapeutic applications for the anti-T-BAM (CD40-1) monoclonal antibody 5C8

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| FILING FEE RECEIVED 2292 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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